Characteristics of HIV cases diagnosed at non-HIV specialist GP clinics in Victoria
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Background

- Stable annual HIV new diagnoses
  - ~1000 nationally each year
  - ~300 in Victoria each year
- Timely HIV testing & treatment
  - Where are people being diagnosed?
  - What are their characteristics?
Methods

- Victorian HIV notification data 2008-2016
- Health services where diagnosis occurred were classified as:
  - HIV-specialist = high HIV caseload with s100 prescriber
  - Non HIV specialist = general practice, hospital
- Descriptive characterisation of cases by service type

Results: where is HIV diagnosed in Victoria?

![Graph showing percentage of notifications by service type and year of diagnosis from 2008 to 2016.](Image)
Results: characteristics of cases

<table>
<thead>
<tr>
<th>Exposure</th>
<th>HIV specialist clinics</th>
<th>GP clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>MSM</td>
<td>954</td>
<td>95.5</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>39</td>
<td>3.9</td>
</tr>
<tr>
<td>IDU</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>Other/unknown</td>
<td>3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Reason for test

<table>
<thead>
<tr>
<th>Reason for test</th>
<th>HIV specialist clinics</th>
<th>GP clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>STI screening</td>
<td>523</td>
<td>52.4</td>
</tr>
<tr>
<td>Recent risk behaviour</td>
<td>192</td>
<td>19.2</td>
</tr>
<tr>
<td>Symptoms</td>
<td>113</td>
<td>11.3</td>
</tr>
<tr>
<td>HIV positive partner</td>
<td>73</td>
<td>7.3</td>
</tr>
<tr>
<td>Other/unknown</td>
<td>98</td>
<td>9.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>999</td>
<td>100</td>
</tr>
</tbody>
</table>

Results: where are key populations diagnosed?

![Graph showing diagnoses by key populations]

- Other
- Hospital
- High case load
- GP
Conclusions

• Increasing % of new HIV diagnoses in non-specialist GP clinics.
• Most new HIV diagnoses at non-HIV specialist GP clinics were gay or bisexual men, but diagnoses were more heterogeneous:
  • Women
  • ATSI
  • Heterosexual
  • PWID

• More late HIV diagnoses coming from non-HIV specialist GPs
• Efforts to increase HIV testing frequency and early diagnosis must be expanded across all settings.
• Non-specialist GPs must be adequately equipped to identify risk and be linked into appropriate HIV care referral pathways

• Victorian Department of Health and Human Services
  – Public Health Officers, Information Officers, Partner Notification Officers, Epidemiology and surveillance staff
• Victorian Infectious Diseases Reference Laboratory
• Burnet Institute surveillance and research officers
• Diagnosing clinicians